

EXHIBIT 22



Message

From: Keith, Clara [clara.keith@dbhdd.ga.gov]
Sent: 10/17/2016 5:36:20 PM
To: Nakeba Rahming [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=879d33dd936548a39333444c70241d1f-Nakeba Rahm]
Subject: Guidance for completing strategic plan and self assessment
Attachments: Guidance for Completing the GNETS Strategic Plan and Self.docx

Nakeba,
I finally finished the guidance document. Looking forward to reviewing with you for the needed edits.
Clara

Clara J. Keith

Director
Department of Behavioral Health and Developmental Disabilities (DBHDD)
2 Peachtree Street, NW
Suite 22.216
Atlanta, Georgia 30303
404.964.8007
Clara.Keith@dbhdd.ga.gov

This e-mail message and all attachments transmitted with it may contain legally privileged and/or confidential information intended solely for the use of the addressee. If you are not the intended recipient or authorized to receive this for the intended recipient, you are hereby notified that any reading, discussion, dissemination, distribution, copying, or other use of this message or its attachments is strictly prohibited. If you have received this message in error, please notify the sender immediately and delete this message and all copies and backups thereof.

Guidance for Completing the GNETS Strategic Plan and Self-Assessment Rubric

This supporting document should be utilized as a tool when completing the GNETS Strategic Plan and Self-Assessment Rubric with leadership teams. An effective strategy would be to distribute sections of the rubric to teams that may be responsible for implementing those components (e.g., Instructional and Academic Support – your academic lead). Documentation and evidence to determine ratings are listed below. This list is not intended to be exhaustive and other documentation or evidence may be appropriate as well.

Section 1: Program Leadership	
Components	Evidence
1A. Ensure that the strategic plan expectations are implemented.	<p>Operational: Documentation that shows how program initiatives <u>AND</u> budgets aligned with the strategic plan activities.</p> <p>Emerging: Documentation that shows how program initiatives aligned with the strategic plan activities.</p> <p>Not Evident: No documentation that shows how program initiatives or budgets aligned with the strategic plan activities.</p> <p><i>Documentation may include but is not limited to: grant applications, presentations, meeting agendas, and program initiatives & activities, links, videos, pictures</i></p>
1B. Promote awareness and implementation of strategic plan activities with staff.	<p>Operational: Documentation to show that the strategic plan was shared at staff meetings <u>AND</u> included staff activities and evaluation feedback.</p> <p>Emerging: Documentation that shows that the strategic plan was shared at a minimum of one staff meeting.</p> <p>Not Evident: No documentation to show that the strategic plan was shared at any staff meeting.</p> <p><i>Documentation may include but is not limited to: meeting agendas, sign-in sheets, feedback survey, links, videos, embedded activities, pictures</i></p>
1C. Complete strategic plan rubric ratings.	<p>Operational: Documentation to show that the strategic plan was rated as a <u>team</u> and that the Improvement Summary Plan was completed <u>AND</u> shared with key stakeholders.</p> <p>Emerging: Documentation to show that the strategic plan was rated as a <u>team</u> and the Improvement Summary Plan was completed.</p> <p>Not Evident: No Documentation to show that the strategic plan was rated as a <u>team</u> nor was the Improvement Summary Plan completed.</p> <p><i>Documentation may include but is not limited to: meeting agendas and sign-in sheets from stakeholder meetings, team list with signatures, rated strategic plan and Improvement Summary Plan</i></p>
1D. Attend and participate in GNETS Directors meetings.	<p>Operational: Documentation of 80% or better attendance at directors meetings <u>and</u> engaged in at least one opportunity to present to colleagues, if requested.</p> <p>Emerging: Documentation of less than 80% attendance at directors meetings <u>and</u> engaged in at least one opportunity to present to colleagues, if requested.</p> <p>Not Evident: Did not attend any of the directors meetings nor engaged in opportunities to present positive program outcomes.</p> <p><i>Documentation may include but is not limited to: travel documents, meeting agendas and handouts, presentation slides, links, feedback survey, google drives</i></p>

1E. Participate in Professional Learning that are aligned to goals.	<p>Operational: Documentation to show attendance and active engagement in professional learning activities aligned to individual professional and strategic plan goals <u>AND</u> evidence to show implementation of strategies.</p> <p>Emerging: Documentation to show attendance and active engagement in professional learning activities aligned to individual professional and strategic plan goals.</p> <p>Not Evident: No Documentation to show attendance and active engagement in professional learning activities aligned to individual professional and strategic plan goals.</p> <p><i>Documentation may include but is not limited to: Travel documents, conference or PL agendas, goals and aligned PL, implementation plan, fidelity checklist for implementation, data, links, google drives, videos, pictures</i></p>
---	---

Section 2: Behavior Support and Therapeutic Services	
Components	Evidence
2A. Implement School-wide Positive Behavior Intervention Supports (PBIS).	<p>Operational: Documentation of the PBIS End-of Year Data Report that was recommended as operational or exemplary by the state team.</p> <p>Emerging: Documentation of the PBIS End-of Year Data Report that was recommended as emerging or installing by the state team.</p> <p>Not Evident: Did not submit the PBIS End-of Year Data Report to show evidence of implementation PBIS.</p> <p><i>Documentation: PBIS End-of-Year Data Report</i></p>
2B. Implement Trauma Informed Care (TIC) Practices.	<p>Operational: Documentation to show completion of GNETS Trauma Informed Care trainings with staff <u>AND</u> completion of the TIC environment checklist with plans to respond to the data.</p> <p>Emerging: Documentation to show completion of GNETS Trauma Informed Care trainings with staff <u>OR</u> completed the TIC environment checklist with plans to respond to the data.</p> <p>Not Evident: Did not complete GNETS Trauma Informed Care trainings with staff <u>nor</u> completed the TIC environment checklist.</p> <p><i>Documentation may include but is not limited to: staff feedback, sign-in sheets, TIC environment checklist, data driven action plans</i></p>
2C. Establish FBA/BIP "teams" and meetings.	<p>Operational: Documentation to show that the program has an FBA/BIP team <u>or</u> a team that completes and manages students' FBAs/BIPs <u>AND</u> met at least 3 times per year to collectively complete and manage students' FBAs/BIPs</p> <p>Emerging: Documentation to show that the program has an FBA/BIP team or a team that completes and manages students' FBAs/BIPs but <u>did not</u> meet at least 3 times a year to collectively complete and manage students' FBAs/BIPs.</p> <p>Not Evident: There is no FBA/BIP team and no <u>team</u> met to collectively complete and manage students' FBAs/BIPs.</p> <p><i>Documentation may include but is not limited to: FBAs, list of team members, meeting agendas, meeting minutes, meeting calendar/schedule, FBA data</i></p>
2D. Ensure staff engage in Professional	<p>Operational: Documentation to show that 80% or more of the staff attended FBA/BIP professional learning <u>AND</u> at least 20% of those staff can show</p>

Learning related to FBA/BIP	<p>evidence of supporting/coaching other staff with FBA/BIP.</p> <p>Emerging: Documentation to show that 80% or more of staff attended FBA/BIP professional learning.</p> <p>Not Evident: Documentation that shows less than 80% of staff attended FBA/BIP professional learning.</p> <p><i>Documentation may include but is not limited to: Agendas, travel documents, coaching cycles/schedules/notes, sign-in sheets, support logs presentation slides, sample reports, links, support logs</i></p>
2E. Complete Students' Social-Emotional Screenings and Measures	<p>Operational: 80% or more students (non ASD) were assessed during the assessment windows for the SDQ and the BASC – 3, the aggregate data was shared with staff <u>AND</u> plans were created to respond to the data.</p> <p>Emerging: Less than 80% of the program's students (non ASD) were assessed during the assessment windows for the SDQ and the BASC -3 <u>AND</u> the aggregate data was shared with program staff for planning.</p> <p>Not Evident: None of the students (non ASD) were assessed during the assessment windows for the SDQ and the BASC-3.</p> <p><i>* ASD – Autistic Spectrum Disorders, BASC 3 – Behavior Assessment System for Children, Third Edition, SDQ – Strengths and Difficulties Questionnaire</i></p> <p><i>Documentation may include but is not limited to: Data to show the percent of students assessed, evidence for sharing of data, plans for responding to the data</i></p>
2F. Use data from Students' Social-Emotional Screenings and Measures to write students' goals.	<p>Operational: Documentation to show that data from the SDQ and BASC-3 was used to write social-emotional IEP goals, BIPs, treatment plans <u>AND</u> evidence to show that the data was used to monitor students' growth/change for exiting or transitioning to the least restrictive environment.</p> <p>Emerging: Documentation to show that data from the SDQ and BASC-3 were used to write social-emotional IEP goals, BIPs and/or treatment plans.</p> <p>Not Evident: Documentation that shows no Data from the SDQ and BASC-3 were used to write social-emotional IEP goals, BIPs and/or treatment plans.</p> <p><i>Documentation may include but is not limited to: SDQ and BASC-3 data, alignment in IEPs and/or BIPs and plans for responding to data.</i></p>
2G. Assess students diagnosed with Autism Spectrum Disorder (ASD) using standardized ASD measures that are sensitive to growth.	<p>Operational: Documentation to show that the data from ASD measures were used to write IEP goals, BIPs and/or treatment plans <u>AND</u> the data is used to monitor students' growth/change for exiting or transitioning to the least restrictive environment.</p> <p>Emerging: Documentation to show that data from the ASD measures were used to write IEP goals, BIPs and/or treatment plans.</p> <p>Not Evident: Documentation to show that data from ASD measures were not used to write IEP goals, BIPs and/or treatment plans.</p> <p><i>Documentation may include but is not limited to: Data from ASD measures, IEP goals, BIPs, treatment plans, and plans for responding to the data</i></p>
2H. Participate in Life Space Crisis Intervention (LSCI) professional learning	<p>Operational: Documentation to show that designated staff members attended annually scheduled crisis intervention (LSCI) trainings or refreshers and supported other program staff with LSCI strategies.</p> <p>Emerging: Documentation to show that designated staff members attended</p>

	<p>annually scheduled crisis intervention (LSCI) trainings or refreshers.</p> <p>Not Evident: Documentation to show that no staff members were designated to attend annually scheduled crisis intervention (LSCI) trainings or refreshers.</p> <p><i>Documentation may include but is not limited to: Agendas, travel documents, support logs, sign-in sheets, rationale for why there was no need for designated staff to attend may improve rating from not-evident</i></p>
2I. Implement Life Space Crisis Intervention strategies/activities	<p>Operational: Documentation to show that the program's fidelity checklist for LSCI meets or exceeds expectations <u>AND</u> documentation to show the number or percent of students supported with LSCI strategies.</p> <p>Emerging: Documentation to show that the program's fidelity checklist for LSCI meets or exceeds expectations but there is <u>no</u> documentation on the number or percent of students supported with LSCI strategies.</p> <p>Not Evident: No documentation to show that the LSCI fidelity checklist was completed and/or the fidelity checklist for LSCI is below expectations.</p> <p><i>Documentation may include but is not limited to: LSCI fidelity checklist, data for students supported with LSCI strategies, notes</i></p>
2J. Participate in Professional Learning for evidence-based restraint methods consistent with State Board Rule: 160-5-1-.35	<p>Operational: Documentation to show that 80% or more of staff were trained in evidenced-based restraint methods (Mindset, CPI, etc.) <u>AND</u> at least 20% of those staff can show evidence of supporting/coaching other staff with evidence-based restraint methods.</p> <p>Emerging: Less than 80% of the program's staff are trained in evidenced-based restraint methods (Mindset, CPI, etc.)</p> <p>Not Evident: None of the program's staff has been trained in evidence-based restraint methods (Mindset, CPI, etc.)</p> <p><i>Documentation may include but is not limited to: Agendas, travel documents, support logs, schedules, notes, sign-in sheets</i></p>
2K. Implement of restraint methods to ensure proper use of de-escalation strategies consistent with State Board Rule: 160-5-1-.35	<p>Operational: Documentation <u>and/or</u> evidence to show evidence-based restraint procedures, the staff use of those procedures and de-escalation strategies with students <u>AND</u> plans to reduce the number of students in need of restraints.</p> <p>Emerging: Documentation <u>and/or</u> evidence to show evidence-based restraint procedures, the staff use those procedures and de-escalation strategies with students.</p> <p>Not Evident: No documentation <u>or</u> evidence that shows evidence-based restraint procedures and/or that inappropriate restraint methods and de-escalation strategies were used with students.</p> <p><i>Documentation may include but is not limited to: Monitoring documents, restraint incident reports, debriefing notes, restraint procedures, restraint data</i></p>
2L. Match students to tiered emotional/behavioral interventions based on need.	<p>Operational: Documentation <u>AND</u> data to show why students were matched to tiered interventions for emotional/behavior support.</p> <p>Emerging: Documentation to show why students were matched to tiered interventions for emotional/behavior support.</p> <p>Not Evident: No documentation <u>or</u> data to show why students were matched to tiered interventions for emotional/behavior support.</p> <p><i>Documentation may include but is not limited to: BIPs, treatment plans,</i></p>

	<i>screening data, social-emotional assessment data, notes</i>
2M. Develop interagency mental health partnerships to support students' needs	<p>Operational: Documentation of partnerships with agencies/universities, designated personnel attendance at scheduled LIPT meetings <u>AND</u> the number/percent of students receiving services from external partners/agencies.</p> <p>Emerging: Documentation of partnerships with agencies/universities and designated personnel attendance at LIPT meetings.</p> <p>Not Evident: No Documentation of partnerships with agencies/universities or participation at scheduled LIPT meetings</p> <p><i>Documentation may include but is not limited to: MOUs, contracts, service logs, front office sign-in sheets, meeting notes, agendas</i></p>

Section 3: Instructional/Academic Supports	
Components	Evidence
3A. Plan and deliver instruction based on Georgia's standards for all content areas.	<p>Operational: Documentation to show that 80% of teachers designed lesson plans aligned to Georgia content standards that addresses the differentiated needs of students <u>AND</u> formative/outcome assessment data was used to design the lesson plan.</p> <p>Emerging: Documentation to show that less than 80% of teachers designed lesson plans aligned to Georgia content standards that addresses the differentiated needs of students.</p> <p>Not Evident: No documentation to show that teachers designed lesson plans aligned to Georgia content standards that addresses the differentiated needs of students.</p> <p><i>Documentation may include but is not limited to: TAPS data, walk-throughs/observations, lesson plans, formative assessments, assessment data (Georgia milestones and other formative tests)</i></p>
3B. Ensure teachers maintain a positive and academically challenging learning environment in accordance with TAPS standards.	<p>Operational: Documentation to show that 80% or more teachers maintain a positive and academically challenging environment based on TAPS standards <u>AND</u> support other teachers with building skills in these areas.</p> <p>Emerging: Documentation to show that 50% - 79% of teachers maintain a positive and academically challenging environment based on TAPS standards.</p> <p>Not Evident: Documentation that shows that less than 50% of teachers maintain a positive or academically challenging environment based on TAPS standards.</p> <p><i>Documentation may include but is not limited to: TAPS data, walk-throughs/observations, classroom expectations, and classroom management actions</i></p>
3C. Match students to skill-based tiered academic instruction based on diagnostic data	<p>Operational: Documentation <u>AND</u> diagnostic data to show how/why students were matched to skill-based tiered instruction.</p> <p>Emerging: Documentation to show how/why students were matched to skill-based tiered instruction.</p> <p>Not Evident: No documentation or data to show how/why students were matched to skill-based tiered instruction.</p> <p><i>Documentation may include but is not limited to: intervention</i></p>

	<i>profiles/groups, treatment plans, diagnostic data, screening data, and outcome data</i>
3D. Ensure teachers are using skill-based supplemental programs with fidelity.	<p>Operational: Documentation to show that 80% or more of students received skill-based supplemental support for at least 90 minutes per week.</p> <p>Emerging: Documentation to show that 50% to 79% of students received skill-based supplemental support for at least 90 minutes per week.</p> <p>Not Evident: Documentation to show that less than 50% of students received skill-based supplemental support for at least 90 minutes per week.</p> <p><i>Documentation may include but is not limited to: Fidelity checklists, program usage data, planning documents, intervention profiles from supplemental program, action plans to respond to data</i></p>
3E. Monitor certified and license staff attendance and participation in Professional Learning activities.	<p>Operational: Documentation to show that 80% or more certified and license staff attended professional learning activities <u>AND</u> evidence to show application of strategies.</p> <p>Emerging: Documentation to show that 80% or more certified and license staff attended professional learning activities.</p> <p>Not Evident: No documentation to show that 80% or more certified and license staff attended professional learning activities.</p> <p><i>Documentation may include but is not limited to: PL Rubric, travel documents, conference or training agendas, PL goals, observation notes of application, lesson plans, data</i></p>
3E.1. Monitor support staff attendance and participation in Professional Learning activities.	<p>Operational: Documentation to show that 80% or more support staff attended professional learning activities <u>AND</u> evidence to show application of strategies.</p> <p>Emerging: Documentation to show that 80% or more support staff attended professional learning activities.</p> <p>Not Evident: No documentation to show that 80% or more support staff attended professional learning activities.</p> <p><i>Documentation may include but is not limited to: PL Rubric, travel documents, conference or training agendas, PL goals, observation notes of application, lesson plans, data</i></p>

Section 4: Program Funding and Fiscal Management	
Components	Evidence
4A. Comply with GNETS state approved budget.	<p>Operational:</p> <p>Documentation that shows budget requests are developed consistently with how program funds may be spent <u>AND</u> is submitted</p>

	<p>within the time frame for approval AND approval is granted with revisions to less than 90% of the budget.</p> <p>Emerging: Documentation that shows budget requests are developed consistently with how program funds may be spent AND is submitted within the time for approval AND approval is granted with revisions to over 80% of the budget.</p> <p>Not Evident: Budget is not submitted within the timeframe for approval OR budget requests are not consistent with how program funds may be spent OR revisions are required for more than 50% of the budget.</p> <p><i>Documentation may include but is not limited to: data from the Consolidated Application's "Audit" folder, emails, State audit reports</i></p>
4B. Ensure fiscal accountability of all allocated funds.	<p>Operational: Documentation that shows no State audit findings in the area of internal controls and procurement violations in the most recent State audit report AND director and accounting staff follow established procurement procedures.</p> <p>Emerging: Documentation that shows audit findings in the area of internal controls BUT no findings in the area of procurement AND director and accounting staff follow established procurement procedures.</p> <p>Not Evident: Internal controls and procurement violations were cited in the most recent audit report AND corrective action/s from previous audit reports were not corrected OR procurement procedures were not followed for more than 80% of the purchases.</p> <p><i>Documentation may include but is not limited to: audit reports and corrective action, if necessary; data from the fiscal agent regarding policies on the following: cash management, procurement, travel, technical evaluations, accounting records, expenditure reports, POs, invoices, travel vouchers and related documentation</i></p>
4C. Plan and submit the annual grant application with a keen focus on the budget to support the GNETS mission, goals, and SBOE rule.	<p>Operational: Documentation that shows Strategic plan goals and needs assessment are aligned with current fiscal year budget request by function and object AND instructional and therapeutic budget and/or in-kind contributions from LEAs.</p> <p>Emerging: Documentation that shows Strategic plan goals are aligned with current fiscal year budget requests AND in-kind contributions from LEAs.</p> <p>Not Evident: No documentation to show Strategic plan goals and budget alignment.</p> <p><i>Documentation may include but is not limited to: application submitted through the Consolidated Application, budget alignment documents, strategic plan goals and activities aligned to budget projections; agendas for budget discussion with LEAs, Memoranda of Agreement, record of in-kind contribution clearly defining the service and cost</i></p>

<p>4D. Ensure the allocation of supports and resources to facilitate flexible models of service delivery and best practices for equitable educational opportunities.</p>	<p>Operational: Documentation that shows communication with a minimum of 80% of LEAs in service area about allocation of support and resources AND resource allocation map to show rationale for needed resources AND resources are aligned to needs assessment.</p> <p>Emerging: Documentation that shows communication with a minimum of 70% of LEAs in service area about allocation of support and resources AND communication about rationale for resources.</p> <p>Not Evident: No documentation to show communication with LEAs in service area about allocation of support and resources.</p> <p><i>Documentation may include but is not limited to: In-kind support from LEAs, funded positions in budgets, emails, meeting notices, meeting minutes, needs assessment/resource allocation map</i></p>
<p>4E. Ensure all funds not spent in current FY are carried forward for the next fiscal year.</p>	<p>Operational: Documentation that shows request to carry forward funding is completed within the timeframe AND a rationale to support such request that demonstrated conditions beyond the control to the director or fiscal agent.</p> <p>Emerging: Documentation that shows request to carry forward funding is completed with the timeframe.</p> <p>Not Evident: No documentation that shows funds were requested to be carried forward.</p> <p><i>Documentation may include but is not limited to: email notice to carry forward funds, carry forward funds budgeted in the Consolidated Application, minutes and/or notes from meetings discussing carry forward funding</i></p>

Section 5: Integration of Services and Capacity Building	
Components	Evidence
5A. Consideration for GNETS Services: Ensure the GNETS and LEA continuum of services are used appropriately during IEP meetings to determine the best service options for students.	<p>Operational: Documentation that shows reviews of a minimum of 80% of student documents to determine request for services and documented needs of students in a GNETS classroom or center AND collaboration with LEAs to ensure that documents (FBA/BIP, Evaluation, social history, etc.) are available for a minimum of 80% of requests to support the consideration of GNETS services prior to and/or during IEP meetings AND exit criteria (IEP Goals) are established at ALL IEP meetings.</p> <p>Emerging: Documentation that shows a minimum of 75% of student documents to determine request for services and documented needs of students in a GNETS classroom or center AND collaboration with LEAs to ensure that documents (FBA/BIP, Evaluation, social history, etc.) are available for a minimum of 70% of requests to support the consideration of GNETS services prior to and/or during IEP meetings AND exit criteria (IEP Goals) are established at ALL IEP meetings.</p> <p>Not evident: Available documentation does not meet the minimum criteria established in emerging or no documentation that shows student documents or collaboration with LEAs or exit criteria for ALL IEP meeting.</p> <p><i>Documentation may include but is not limited to: Student files that contain documentation to support consideration for GNETS services, documentation that supports an emergency referral was warranted, FBA/BIP, 3-year reevaluation, Social History, Medical Records, Parent, teacher, and or student reports</i></p>
5B. Exiting GNETS Services: Ensure LEA and GNETS staff collaboratively establish attainable IEP goals to include a process for reviewing progress monitoring data to exit and/or transition to the least restrictive environment.	<p>Operational: Documentation that shows IEP goals are established and used as the exit criteria for ALL students receiving GNETS services AND exit/transition goals are attainable and aligned with the referring behaviors at least 80% of the time AND collaboration with LEAs to plan and communicate transition services and supports prior to ALL student's complete exit.</p> <p>Emerging: Documentation that shows IEP goals are established and used as the exit criteria for ALL students receiving GNETS services AND exit/transition goals are attainable and aligned with the referring behaviors at least 60% of the time AND collaboration with LEAs to plan and communicate transition services and supports prior to ALL student's complete exit.</p> <p>Not Evident: No documentation that shows IEP goals are established AND collaboration with LEAs to plan and communicate transition services.</p> <p><i>Documentation includes but is not limited to: IEP goals to exit or transition for all students, supporting documentation and data collection aligned to exit goals, documentation of transition plans with</i></p>

	LEAs, supporting evidence for a change in exit goal/criteria, exit criteria documented in the state grant application
5C. Reintegration Plan: Ensure GNETS staff use a consistent plan with LEAs for students to be successfully reintegrated into the general education setting.	<p>Operational: Documentation that shows collaboration with ALL LEAs to identify opportunities for students to receive GNETS services in the Least Restrictive Environment (LRE), inform ALL fiscal agents of the resources needed to provide equal educational opportunities for GNETS students AND identify and outline how in-kind and financial contributions from LEAs support student reintegration and/or access to equal educational opportunities AND collaborate with LEAs to determine opportunities for a minimum of 80% of appropriate students to take some courses in the general education setting.</p> <p>Emerging: Documentation that shows collaboration with ALL LEAs to identify opportunities for students to receive GNETS services in the Least Restrictive Environment (LRE), inform ALL fiscal agents of the resources needed to provide equal educational opportunities for GNETS students AND identify and outline how in-kind and financial contributions from LEAs support student reintegration and/or access to equal educational opportunities.</p> <p>Not Evident: No documentation that shows collaboration with all LEAs to identify opportunities for students to receive GNETS services in the LRE.</p> <p><i>Documentation includes but is not limited to: Evidence that shows attempts to align LEAs and GNETS courses/materials, records of the number and percent of students receiving GNETS services in the general education setting, records showing the number and percent of students that enter and exit the program each year by disability</i></p>
5D. Capacity Building: Engage in professional learning and technical assistance for general education school personnel and parents.	<p>Operational: Documentation that shows communication with a minimum of 80% of LEAs and RESAs in the GNETS service areas to determine professional learning opportunities and needs of LEAs and parents AND schedule/deliver/support professional learning DIRECTLY aligned to needs.</p> <p>Emerging: Documentation that shows communication with at least 60% of LEAs and RESAs in the GNETS service areas to determine professional learning opportunities and needs of LEAs and parents AND schedule/deliver/support professional learning DIRECTLY aligned to needs.</p> <p>Not Evident: No documentation that shows collaboration with LEAs and RESAs in the GNETS service areas to determine/schedule/deliver/support professional learning DIRECTLY aligned to needs.</p> <p><i>Documentation includes but is not limited to: Training materials, sign-in sheets, feedback ratings, training agendas, training request/needs assessment form, network Brochure</i></p>

Section 6: Program Accountability

Components	Evidence
6A. Share results from the strategic plan ratings with stakeholders.	<p>Operational: Documentation that shows results of the strategic plan ratings AND results of the Improvement Summary aligned with ratings results were shared with a minimum of 80% of key stakeholders.</p> <p>Emerging: Documentation that shows results of the strategic plan ratings were communicated with a minimum of 70% of the key stakeholders.</p> <p>Not Evident: No documentation to show results of the strategic plan.</p> <p><i>Documentation includes but is not limited to: rubric ratings, improvement summary, list of key stakeholders, sign-in sheets, meeting/discussion notes</i></p>
6B. Complete the strategic plan improvement summary form.	<p>Operational: Documentation to show calculation of the overall rating for each section of the strategic plan AND the prioritized area(s) to be improved for the new year.</p> <p>Emerging: Documentation to show calculation of the overall rating for each section of the strategic plan.</p> <p>Not Evident: No evidence of a calculation of the overall rating for each section of the strategic plan.</p> <p><i>Documentation includes but is not limited to: improvement summary, list of priorities for upcoming year</i></p>

Section 7: Facilities Management and Safety

Components	Evidence
7A. Monitor site for safety and ADA compliance and maintenance.	<p>Operational: Documentation to show use of the GSFIC facility condition assessment to conduct at a minimum quarterly monitoring of facilities at ALL locations.</p> <p>Emerging: Documentation to show use of the GSFIC facility condition assessment to conduct less than quarterly monitoring of facilities at ALL locations.</p> <p>Not Evident: No evidence to show use of the GSFIC facility condition assessment was used to conduct monitoring of facilities.</p> <p><i>Documentation includes but is not limited to: ratings on GSFIC facility condition assessment checklist, training for staff, minutes/notes</i></p>
7B. Communicate all identified concerns to the LEA and/or SEA and advocate for repairs/improvements.	<p>Operational: Documentation to show at a minimum quarterly monitoring areas rated as poor and/or critical on the GSFIC facility condition assessment checklist AND requests for maintenance support with key stakeholder for ALL locations.</p>

	<p>Emerging: Documentation to show less than quarterly monitoring areas rated as poor and/or critical on the GSFIC facility condition assessment checklist AND requests for maintenance support on a minimum of 80% of poor and/or critical areas.</p> <p>Not Evident: No documentation to show condition assessments and/or requests for maintenance.</p> <p><i>Documentation includes but is not limited to: ratings on GSFIC facility condition assessment checklist, emails, reports, meeting notes</i></p>
--	---